

**FRANK J. PICOZZI**  
**MAYOR**



**NEAL DUPUIS**  
**TAX ASSESSOR**

## **City of Warwick**

FINANCE DEPARTMENT  
OFFICE OF THE ASSESSOR  
401-738-2005

### **APPLICATION FOR BLIND EXEMPTION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Residence address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Type: Single Family: \_\_\_\_\_ Two Family: \_\_\_\_\_ Condo: \_\_\_\_\_ Other: \_\_\_\_\_

Are you are totally disabled through service connected disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of your award letter from the Veterans Administration

Are you a permanent resident of Warwick? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own property in any other Town, City, or State? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide address: \_\_\_\_\_

If yes, do you receive any exemptions on said property? Yes \_\_\_\_\_ No \_\_\_\_\_

Exemption to be applied to:

Real Estate: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Motor Vehicle: \_\_\_\_\_ Registration(s): \_\_\_\_\_

**Please attach a copy of your license or State Issued photo ID and a copy of the "Ophthalmological Consultation Report Form" from RI Services for the Blind & Visually Impaired**

**I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public or Assessor Staff

#### **FOR ASSESSOR USE ONLY**

Abatement form \_\_\_\_\_

Entered in MUNIS \_\_\_\_\_

Entered in Database \_\_\_\_\_

**Assessor's Office is now located at**

**Physical Location: 65 Centerville Road - Mailing Address: 3275 Post Road, Warwick RI 02886**